

COMBINED DECLARATION AND POWER OF ATTORNEY**(Original, Design, National Stage of PCT, Divisional, Continuation or C-I-P Application)**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD FOR PROVIDING PHARMACEUTICAL DATA IN A SECURE AND AFFORDABLE MANNER

This declaration is of the following type:

- ☐ original
- ☐ design
- ☒ national stage of
- ☐ divisional
- ☐ continuation
- ☐ continuation-in-part (C-I-P)

the specification of which: *(complete (a), (b), or (c))*

- (a) ☐ is attached hereto.
- (b) ☒ was filed as United States Patent Application Serial No. 10/524,925 on February 17, 2005.
- (c) ☐ was described and claimed in PCT International Application No. _____ filed on _____ and was amended on *(if applicable)*.

Acknowledgement of Review of Papers and Duty of Candor

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of the subject matter claimed in this application in accordance with Title 37, Code of Federal Regulations § 1.56.

☐ In compliance with this duty there is attached an information disclosure statement. 37 CFR 1.98.

Priority Claim

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT International Application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT International Application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application on which priority is claimed

(complete (d) or (e))

- (d) ☐ no such applications have been filed.
- (e) ☒ such applications have been filed as follows:

BAKER BOTTS L.L.P.

FILE NO.: A35349-PCT-USA (065855.0336)

PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION			
COUNTRY	APPLICATION NO.	DATE OF FILING (day, month, year)	DATE OF ISSUE (day, month, year)
ALL FOREIGN APPLICATION[S], IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION			

Claim for Benefit of Prior U.S. Provisional Application(s)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

Provisional Application Number	Filing Date
60/404,451	08/19/2002

Claim for Benefit of Earlier U.S./PCT Application(s) under 35 U.S.C. 120

(complete this part only if this is a divisional, continuation or C-I-P application)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior application(s) in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information as defined in Title 37, Code of Federal Regulations, § 1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PCT/US03/025969

08/19/2003

Published

(Application Serial No.)

(Filing Date)

(Status) (patented, pending, abandoned)

(Application Serial No.)

(Filing Date)

(Status) (patented, pending, abandoned)

Power of Attorney

As a named inventor, I hereby appoint the practitioners at Customer Number 21003 of the firm of BAKER BOTTS L.L.P., with offices at 30 Rockefeller Plaza, New York, New York 10112, as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

<p>SEND CORRESPONDENCE TO: BAKER BOTTS L.L.P. 30 ROCKEFELLER PLAZA, NEW YORK, N.Y. 10112 CUSTOMER NUMBER: 21003</p>	<p>DIRECT TELEPHONE CALLS TO: BAKER BOTTS L.L.P. (212) 408-2500</p>
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1-00	FULL NAME OF SOLE OR FIRST INVENTOR	LAST NAME <u>Hontz</u>	FIRST NAME <u>Karrie</u>	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY <u>Collegeville</u>	STATE or FOREIGN COUNTRY <u>Pennsylvania</u>	COUNTRY OF CITIZENSHIP <u>United States</u>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>808 Hidden Forest Drive</u>	CITY <u>Collegeville</u>	STATE or COUNTRY <u>Pennsylvania</u> ZIP CODE <u>19426</u>
	DATE <u>9.22.05</u>	SIGNATURE OF INVENTOR <u>Karrie M. Hontz</u>		
2-00	FULL NAME OF SECOND INVENTOR	LAST NAME <u>Mann</u>	FIRST NAME <u>Stephen</u>	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY <u>Columbia</u>	STATE or FOREIGN COUNTRY <u>SC</u>	COUNTRY OF CITIZENSHIP <u>United States</u>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>900 Taylor Street</u>	CITY <u>Columbia</u>	STATE or COUNTRY <u>Pennsylvania</u> ZIP CODE <u>19401</u>
	DATE	SIGNATURE OF INVENTOR		
3-00	FULL NAME OF SECOND INVENTOR	LAST NAME <u>Dilworth</u>	FIRST NAME <u>Valerie</u>	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY <u>Harleyville</u>	STATE or FOREIGN COUNTRY <u>Pennsylvania</u>	COUNTRY OF CITIZENSHIP <u>United States</u>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>390 Barclay Circle</u>	CITY <u>Harleyville</u>	STATE or COUNTRY <u>Pennsylvania</u> ZIP CODE <u>19438</u>
	DATE <u>5/12/2005</u>	SIGNATURE OF INVENTOR <u>Valerie A. Dilworth</u>		

Check proper box(es) for any added page(s) forming a part of this declaration

- ☐ Signature for second and subsequent joint inventors. Number of pages added _____
- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.
Number of pages added _____
- ☐ Signature for inventor who refuses to sign, or cannot be reached, by person authorized under 37 CFR 1.47.
Number of pages added _____

COMBINED DECLARATION AND POWER OF ATTORNEY

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COUNTRY	APPLICATION NO.	DATE OF FILING (day, month, year)	DATE OF ISSUE (day, month, year)
			PRIORITY CLAIMED UNDER 35 USC 119
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PCT/US03/025969	08/19/2003	Published
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)

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FULL NAME OF SOLE OR FIRST INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	Hontz	Karrie	
RESIDENCE & CITIZENSHIP	CITY	STATE or FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Collegeville	Pennsylvania	United States
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE or COUNTRY ZIP CODE
	808 Hidden Forest Drive	Collegeville	Pennsylvania 19426
DATE	SIGNATURE OF INVENTOR		
9.22.05	Karrie M. Hontz		
FULL NAME OF SECOND INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	Mann	Stephen	
RESIDENCE & CITIZENSHIP	CITY	STATE or FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Columbia	SC	United States
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE or COUNTRY ZIP CODE
	900 Taylor Street	Columbia	Pennsylvania 19401
DATE	SIGNATURE OF INVENTOR		
10-16-05	Stephen J. Mann		
FULL NAME OF SECOND INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	Dilworth	Valerie	
RESIDENCE & CITIZENSHIP	CITY	STATE or FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Harleyville	Pennsylvania	United States
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE or COUNTRY ZIP CODE
	390 Barclay Circle	Harleyville	Pennsylvania 19438
DATE	SIGNATURE OF INVENTOR		

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- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.
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